

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5447ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2009
NAME OF PROVIDER OR SUPPLIER THE CENTER FOR SURGICAL INTERVENTION		STREET ADDRESS, CITY, STATE, ZIP CODE 5950 S DURANGO LAS VEGAS, NV 89113		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 00	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of a State Licensure initial survey conducted in your facility on 5/14/09, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	A 00		
A 05 SS=B	NAC 449.980 ADMINISTRATION The governing body shall ensure that: 2. Each patient admitted to the center receives a presurgical evaluation conducted by a physician within the 7 days immediately preceding the date of his surgery. This Regulation is not met as evidenced by: Based on policy review, the facility failed to have a written policy that a history and physical examination must be done within seven days preceding the procedure on each patient. Severity 1 Scope 2	A 05		
A 06 SS=B	NAC 449.980 ADMINISTRATION The governing body shall ensure that: 3. A physician is on the premises of the ambulatory surgical center and immediately available at all times when there are patients in the operating rooms or the recovery room of the center. As used in this subsection, "immediately available" means the physician is sufficiently free from other duties to be able to respond rapidly to	A 06		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A 06	Continued From page 1 an emergency. This Regulation is not met as evidenced by: Based on review of the governing body by laws and medical staff bylaws, the facility failed to have a written policy requiring a physician to be on site until all patients have been discharged from the facility. Severity 1 Scope 2	A 06			
A 41 SS=B	NAC 449.9805 Establishment of Policy for Authentication The governing body shall establish a policy for authentication that: 1. Authorizes the use of rubber stamps and prohibits the use of any stamp by any person other than the person whose signature the stamp represents. This Regulation is not met as evidenced by: Based on review of the policies and procedures, the facility failed to have a written policy on the use or non-use of rubber stamps or electronic signatures for physician signatures. Severity 1 Scope 2	A 41			
A 50 SS=B	NAC 449.981 Appointment/Responsibilities of Administrator 4. The administrator is responsible for: (d) Appointing a person responsible for the center in his absence. The person so appointed must possess the same qualifications as are required of the administrator. This Regulation is not met as evidenced by: Based on policy review, the facility failed to designate a person to assume responsibility for the facility during the administrator's absence.	A 50			

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A 50	Continued From page 2 Severity 1 Scope 2	A 50		
A 65 SS=B	NAC 449.9812 Program for Quality Assurance 2. The program for quality assurance must include, without limitation: (g) Procedures for identifying and addressing any problems or concerns related to the care provided to patients using the medical records of the center and any other sources of data that may be useful to identify previously unrecognized concerns, and for assessing the frequency, severity and sources of suspected problems and concerns. The procedures must include, without limitation, procedures for assessing: (2) The standards used for the maintenance of medical records. This Regulation is not met as evidenced by: Based on medical records policy review, the facility failed to have policies updated to reflect the use of electronic medical records and procedures for access, safeguarding, and storage. Severity 1 Scope 2	A 65		
A122 SS=B	NAC 449.9865 Medical Staff 4. A roster of the surgical privileges of each member of the medical staff must be kept in the files of the operating room, specifying the privileges accorded him. This Regulation is not met as evidenced by: Based on observation and interview the facility failed to have a roster of surgical privileges for each member of the medical staff in the files of the operating room.	A122		

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A122	Continued From page 3 Findings include: On 5/14/09, a survey was conducted in the operating suites area of the facility. Observation failed to reveal a roster of surgical privileges in the surgical area. On 5/14/09, the Administrator was interviewed. He stated there was no roster of privileges for the medical staff available to staff in the files of the operating room. Severity 1 Scope 2	A122		
A125 SS=F	NAC 449.988 Nursing Staff 2. A sufficient number of members of the nursing staff must be on duty at all times to ensure that proper care is provided to each patient. A sufficient number of registered nurses must be on duty at all times to ensure the immediate availability of a registered nurse for the care of any patient. A person who is not a registered nurse may be assigned to care for a patient to the extent consistent with his education, experience and authorized scope of practice. This Regulation is not met as evidenced by: Based on interview the facility failed to demonstrate a sufficient number of nursing staff on duty at all times to ensure proper care is provided to each patient. Findings include: On 5/14/09, the interim Director of Nurses was interviewed. She stated she was the recovery room nurse. She explained since she was the only registered nurse (RN) for both pre-operative and post operative patients that she might have two patients in the recovery room area when she	A125		

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A125	Continued From page 4 was bringing in a new patient to the pre-operative area. On 5/14/09, the Administrator was interviewed. He stated the facility was in the process of recruiting a Director of Nurses. He reported the registered nurse (RN) from surgery would be the back up in the event there were patients in the recovery room and a new patient needed to be admitted. He stated the center followed the Association of Peri-Operative Registered Nurses (AORN) standards. He stated the facility would be performing pain management procedures for approximately the first year. Review of the AORN standards revealed Phase II level of care is defined as, "...preparing the patient/family/significant other for care in the home, extended observation level of care or the extended care environment." Staffing for Phase II post anesthesia care unit (PACU) was defined as, "Two competent personnel, one of whom is a RN competent in Phase II postanesthesia nursing are in the same room where the patient is receiving Phase II level of care. A RN must be in the Phase II PACU at all times while a patient is present." Severity 2 Scope 3	A125			
A174 SS=B	NAC 449.992 Pathological Services 4. Reports of examinations of tissues must be authenticated by the examining pathologist. The original report must be filed in the medical record of the patient. This Regulation is not met as evidenced by: Based on a review of policies and procedures, the facility failed to have a written policy that pathology reports must be a part of the medical	A174			

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A174	Continued From page 5 record. Severity 1 Scope 2	A174			

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